Appendix I: Financial Accountability
Quality Improvement: Financial Accountability

a. Methods for Discovery: Financial Accountability Assurance:
The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

i. Sub-Assurances:

a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Performance Measures

Number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the waiver application.

Data Source: electronic Service authorizations
Responsible Party for data collection: State Medicaid Agency
Frequency of data collection: Ongoing and continuously, as each claim is reviewed prior to processing
Sampling Approach: 100% Review
Data Aggregation and Analysis: State Medicaid Agency
Frequency of data aggregation and analysis: or as determined by the DD QI Committee and/or Deputy Director

b. Sub-assurance: The State provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.

Performance Measures

On a quarterly basis, the number of authorizations that indicated the rates for waiver services were set within accordance to the approved rate methodology limits.

Data Source: electronic databases
Responsible Party for data collection: State Medicaid Agency
Frequency of data collection: quarterly, annually, or as determined by the DD QI Committee and/or Deputy Director
Sampling Approach: 100% Review
Data Aggregation and Analysis: State Medicaid Agency
Frequency of data aggregation and analysis: as determined by the DD QI Committee and/or Deputy Director

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Financial accountability is a joint responsibility of DDD with assistance from Financial Services staff within DHHS Operations.

The following controls are currently employed to ensure payments are made only for services rendered:
1. The need for the service is documented in the service plan.
2. DHHS staff have enrolled, certified, and/or contracted with the waiver provider and prior-authorized each waiver service to be delivered.
3. When services are delivered by an independent provider, a calendar is completed, listing the date of service(s), the specific task(s), and the times of service, and signed by the waiver participant or designee, verifying the services have been delivered as claimed. The calendar and claim are submitted for approval.
4. DHHS staff review the claim and submit claim to DHHS claims processing staff for processing.
5. Edits are in place in the computer system.

A pre-audit of all specialized provider agency claims is completed to assure the accuracy of coding and claim. Prior to submitting claims to Financial Services for processing, DDD Service Coordination is responsible to review the units of services billed by the providers.

The vendor-operated web-based service system utilized by DDD for budgeting and case management was designed to meet the CMS requirements and the HCBS waiver specifications. The system also completes a pre-audit of all claims as a part of the efforts to ensure accurate claims. A claim must include: The provider that provided the service; the person who received the service; the service authorization identification number; the service type; the dates of service; the frequency and rate authorized for the service; the actual number of units provided for the stated time period; and the total amount claimed. When a claim is submitted and entered into NFOCUS, the system validates all submitted information against the service authorization on file. Edits are built into NFOCUS to audit the service authorization time period, the claim time period, the number of remaining authorized units, and math computations. Claims that fail to pass validation or auditing are suspended from processing for review by DDD central office staff charged with the responsibility for correcting errors and/or requesting additional information necessary to resolve the error. On a daily basis, Suspended Claims Reports are generated for provider claims that do not match the authorizations for service. Claims that pass this validation are approved for payment.

During the validation process, individual claims that are approved for payment are linked to the specific waiver program under which the services were authorized. During nightly payments processing, a table is accessed for each claim under a waiver program. This table contains the current federal matching rate and the established accounts from which individual debits for the state and federal shares are to be drawn for each waiver program. This information is summarized on a voucher that is then sent to the State's current electronic accounting system, the Nebraska Information System (NIS).

DDD also conducts internal QI activities related to the use of DDD funding. Claim and authorization data is queried to track trends in costs and service use by area, provider and statewide.

An independent statewide single audit of DHHS Medicaid programs is conducted by the State Auditor of Public accounts (APA) office on an annual basis following each state fiscal year (July 1 – June 30). This is an audit of financial statements of the governmental activities, the business-type activities, the aggregate discreetly presented component units, each major fund, and the aggregate remaining fund information of the State of Nebraska. The final report includes APA's findings, DHHS management responses, and corrective action plans, if applicable. Financial services staff respond to findings related to the State's accounting systems, and DDD staff respond to findings related to review of randomly selected individual waiver files.

Financial Services tracks the use of Medicaid funding and provides monthly updates on the use of waiver funding relative to the budgeted amounts. This aids DDD in determining the efficacy of our efforts to enhance our monitoring and oversight of the use of waiver funding.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Individuals who have chosen to participate and receive waiver services are notified in writing by DHHS staff of the authorized funding amount at the time of choosing a provider and in the development of the service plan. Checks and balances are in place to assure accurate budget authorizations. The team determines the provider, amount, and type of services needed. The individual's SC creates the electronic budget authorization and their supervisor reviews and approves it. When the DSS completes the annual waiver redetermination and when the SC's Supervisor completes the service plan review, the budget authorization is matched with the information in the service plan. When discrepancies are found, the SC and SC supervisor take action to correct errors in the on-line authorization by revising the

provider, service type, service amount, and/or dates of services. A pre-audit of all individual specialized provider claims is completed to assure the accuracy of coding and claim. The vendor-operated web-based service system utilized by DDD for budgeting and case management was designed to meet the CMS requirements and the HCBS waiver specifications. The system also completes a pre-audit of all claims as a part of the efforts to ensure accurate claims.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis

Responsible Party	Frequency of data aggregation and analysis
State Medicaid Agency	Monthly, Quarterly, Annually
	Other – as determined by the state DDD QIC or DDD Deputy Director

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational. **NO**